



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hiroshi HAMA

Serial No: 09/816,644

Confirmation No: 6861

Filed: March 23, 2001

For: Error Detection And Correction Circuit

Art Unit: 2133

Examiner: D. B. Gandhi

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop RCE
Commissioner for Patents
P. O. Box 1450,
Alexandria, VA 22313-1450 on

February 15, 2005

Date of Deposit

John P. Scherlacher, Reg. No. 23,009

Name

John P. Scherlacher 02/15/05
Signature Date

Mail Stop RCE

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is A Request for Continued Examination (RCE) in the above-identified application.

☒ Petition for Extension of Time (3-month) is enclosed.☒ No additional fee is required.

The fee has been calculated as shown below:

THE FEE HAS BEEN CALCULATED AS SHOWN BELOW:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	11	-20	20	**	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	2	-3	3	***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
TOTAL								\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ -0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**☒ A check in the amount of \$ 1020 to cover the three-month extension fee is enclosed. **A copy of this sheet is enclosed.**☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. 1.17Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

John P. Scherlacher
John P. Scherlacher
Registration No. 23,009
Attorney for Applicant(s)

Date: February 15, 2005

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